02-1102

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TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	24731-504B
	First named inventor	Micheal L. Gruenberg
	Express mail label #	EL865036519US
	Date of mailing	February 7, 2002

Application Elements	Accompanying Application Papers
1. [X] Fee Transmittal Form	6. [] Copy of assignment from prior application
2. [X] Specification containing 60 pages (including claims and Abstract)	7. [X] Small Entity Status is claimed
a. Title: Th1 CELL ADOPTIVE IMMUNOTHERAPY	8. [] Preliminary Amendment
b. Number of claims: 66	9. [X] Return Receipt Postcard
3. [] __ sheets of drawings with __ Figs.	
4. [X] Executed Declaration	
5. [] Sequence Listing	
[] Paper copy (identical to computer copy)	
[] Computer readable copy	
[] Verified statement	

SIGNATURE OF ATTORNEY/AGENT

HELLER EHRMAN WHITE & McAULIFFE LLP

Stephanie Seidman
Registration Number: 33,779

[X] Continuation-in-part U.S. application Serial No. 09/957,194, filed September 19, 2001, to Micheal Gruenberg, entitled "Th1 CELL ADOPTIVE IMMUNOTHERAPY". The subject matter of U.S. application Serial No. 09/957,194 is incorporated by reference in its entirety.

CORRESPONDENCE ADDRESS

NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP	
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122	
	Telephone: 858.450-8400	Facsimile: 858.587.5360

JC759 U.S. PTO 02/07/02

JC978 U.S. PTO 10/071016 02/07/02

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	24731-504B
	First named inventor	Micheal L. Gruenberg
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FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	$ 740.00
b)	Independent Claims 8 - 3 = 5 x $ 84.00	$ 420.00
c)	Total Claims 66 - 20 = 46 x $ 18.00	$ 828.00
d)	Fee for Multiple Dependent Claims - $260.00	$ 0.00
	TOTAL FILING FEE	$1,988.00

[X] Status as Small Entity is claimed, reducing Fee by one-half to $994.00

[X] A check in the amount of $994.00 to cover the fee for filing the application.

[] Charge $.00 to Deposit Account No. 50-1213.

[X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS		
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Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122	
	Telephone: 858.450.8400	Facsimile: 858.587.5360

Submitted by:					
Typed or printed name	Stephanie Seidman			Reg. Number	33,779
Signature		Date	02/07/02	Deposit Account	50-1213

